



KING COUNTY VETERANS' PROGRAM APPLICATION

APPLICATION DATE: ____/____/____

TIME: _____

VETERANS NAME (AS IS APPEARS ON THE DD214):

LAST NAME

FIRST NAME

MIDDLE NAME

SOCIAL SECURITY NUMBER _____

If you are a family member applying for service under a veteran's name OR if your name has changed since separating from military service, please select one of the following:

RELATIONSHIP TO VETERAN: ☐ SELF ☐ Spouse/Widow ☐ Partner ☐ Other dependent

If you are a Family member applying for service under a Veteran name, Please list your name and social security number below:

Last Name

First Name

Middle Initial

Social Security Number

ARE YOU HOMELESS? ☐ YES ☐ NO

IF YES, STAYING WHERE? _____

IF HOMELESS, ENTER THE LAST ADDRESS YOU LIVED AT FOR 90 DAYS OR MORE:

Street address

City

State

Zip Code

Date of Birth ____/____/____

Gender: ☐ Male ☐ Female ☐ Other

Ethnicity: (Hispanic, Latino) ☐ Yes ☐ No

Race (check all that apply):

☐ Amer. Indian-Alaska Nat. ☐ Asian, Asian American ☐ Black, African-American ☐ Native Hawaiian, Pacific Islander ☐ White, Caucasian

Marital Status: ☐ Married ☐ Single, never Married ☐ Divorced ☐ Widowed ☐ Domestic Partner

Highest Grade or Degree Achieved:

☐ Less than HS graduate ☐ High School Diploma ☐ GED ☐ Some College, no degree ☐ Certificate from professional Program

☐ Associates Degree ☐ Bachelors Degree or above

Limited English Speaking: ☐ Yes ☐ No

Refugee or Immigrant: ☐ Yes ☐ No

List all household members who currently live with you:

Name	Gender	Date of Birth	Relationship to Vet	Legal Dependent	Employed
1. _____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Current Address: (If Homeless, enter the last address that you lived at for 90 days or more)

Street Address

City

State

Zip Code

What is your preferred method of contact? ☐ Call ☐ e-mail

Phone () _____ Backup Phone () _____ E-Mail address _____

How long have you lived in King County? ☐ Less than 7days ☐ 7-30 days ☐ 31-90 days ☐ More than 90 days

Emergency Contact Information: _____

Name (First & Last)

Relationship to you

Street Address

City

State

Zip

Phone

King County Veterans Program

The KCVF provides service within a framework of identified rights & responsibilities to help ensure mutual accountability & self-sufficiency. KCVF is not an entitlement program & financial assistance is not an ongoing service. KCVF reserves the right to request additional information to fully assess eligibility.

Program eligibility requires that you read and agree to the following:

Client Responsibilities:

Client Rights:

1. The responsibility to follow the KCVF Code of Conduct that is publicly posted.
(See posted copies in lobby)
2. The responsibility to complete required applications when requested.
3. The responsibility to provide current information and documentation required to determine program eligibility.
4. The responsibility to provide true and accurate information.
5. The responsibility to report other emergency or on-going financial assistance received.
6. The responsibility to only access services while residing in King County.
7. The responsibility to work cooperatively with the KCVF staff
8. The responsibility to seek other available resources and services within the community.
9. The responsibility to actively participate in addressing identified goals.
10. The responsibility to report changes in household circumstances in a timely manner.

1. The right to be treated with dignity, respect and privacy.
2. The right to receive services that do not discriminate on the basis of race, color, religion, sex, national origin, ancestry, age, marital or veteran status, disability, sexual orientation (including gender identity), or any protected status.
3. The right to be free of sexual exploitation or harassment.
4. The right to receive services in a timely manner
5. The right to have all information and documentation kept confidential.
6. The right to receive appropriate accommodations due to disability or impairment.
7. The right to request a review of services provided.
8. The right to file a grievance regarding services
9. The right to have a grievance addressed in a timely manner.
10. The right to not fear retaliation after filing a grievance.

My signature below acknowledges I have read and understand the above client right and responsibilities for program eligibility and participation.

Signature _____

Date: _____

RELEASE of INFORMATION CONSENT

I hereby authorize the KCVF to disclose or receive information provided on my program application & in my intake interview. This information may only be used for the purposes of determining program eligibility in regards to veteran status, income, family size, and residency. This information may only be disclosed to & received from the following agencies and organizations:

- | | |
|--------------------------------------------------------------------|--------------------------------------|
| A. US Department of Veterans Affairs | G. Social Security Administration |
| B. WA Department of Veteran Affairs | H. DVR: Dept. of Voc. Rehab. |
| C. WA State Employment Security | I. KC Displaced Workers |
| D. WA State Department of Social & Health Services | J. VA Voc Rehabilitation & Education |
| E. National Personal Records Center (NPRC) | K. Other _____ |
| F. KC Mental Health, Chemical Abuse & Dependency Services Division | |

This permission is valid for 180 days. I understand that I may revoke or withdraw my permission in writing at any time, but that will not affect the information disclosed.

I further acknowledge that the information to be released was fully explained to me and that this consent is given of my own free will

Signature: _____

Date: _____



How can we help you today?

How does this help you achieve self sufficiency?

ADDITIONAL INFORMATION

LIVING SITUATION

Are you paying rent or mortgage? ☐ Yes ☐ No If yes, How much? _____

INCOME

Do you have any income? ☐ Yes ☐ No If Yes, net income in the last 30 days _____ Source _____

Are you currently working? ☐ Yes ☐ No If Yes, where? _____

Do you have any pending benefits? ☐ Yes ☐ No

(If Yes, Check all that apply):

☐ Retirement ☐ VA ☐ Social Security ☐ DSHS ☐ Other

Are you currently receiving unemployment benefits? ☐ Yes ☐ No

EMPLOYMENT AND EDUCATION

Are you interested in finding work? ☐ Yes ☐ No If Yes, what type? _____

Are you going to school?

☐ Yes If Yes, how are you paying for school? _____

☐ No If No, do you plan to attend? _____

Have you applied for education benefits? ☐ Yes ☐ No If Yes, what agency? _____

HEALTH AND WELL BEING

Are you diagnosed with PTSD? ☐ Yes ☐ No If Yes, are you currently receiving treatment? ☐ Yes ☐ No

Are you diagnosed with TBI? ☐ Yes ☐ No If Yes, are you currently receiving treatment? ☐ Yes ☐ No

Do you have any Health Problems? ☐ Yes ☐ No If Yes, Please explain _____

Do you have any Disabilities? ☐ Yes ☐ No If Yes, Please explain _____

Do you have any legal issues? ☐ Yes ☐ No If Yes, Please explain _____

Do you have any pending court cases? ☐ Yes ☐ No If Yes, Please explain _____